

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="text-align: right;"> <small>SERIAL NO.</small> 09/868211 </div> <div style="text-align: right;"> <small>FILING DATE</small> </div> </div>						
<small>APPLICANT(S)</small> 						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
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TOTAL IND.	1					
TOTAL DEP.						
TOTAL CLAIMS	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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